GENERAL FACT SHEET

BILL NUMBER _10R-187_

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements for Security Alarm System Services, Quote 3060		Multiple Year Contract - 4 years

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution to provide Annual Requirements for Security Alarm System Services from Security Equipment-Lincoln for the City of Lincoln as per Quote 3060 for four (4) years beginning at the execution of the contract. This service will be used by Parks & Recreation for security alarm system services as needed. The cost is $27.00/month for a total of $1,296.00 for the four (4) year period.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Parks & Recreation
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	❏ For ❏ Against Reason Against
	Board or Commission Recommend.	BY ❏ For ❏ Against ❏ No Action Taken ❏ For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	❏ Pass ❏ Pass (As Amended) ❏ Council Sub. ❏ Without Recommendation ❏ Hold ❏ Do not Pass

DETAILS	POLICY/PROGRAM IMPACT	
Resolution to provide Annual Requirements for Security Alarm System Services from Security Equipment-Lincoln for the City of Lincoln as per Quote 3060 for four (4) years beginning at the execution of the contract. This service will be used by Parks & Recreation for security alarm system services as needed. The cost is $27.00/month for a total of $1,296.00 for the four (4) year period.	**POLICY OR PROGRAM CHANGE**	X NO ❑ YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: $ COST of this Ordinance/ Resolution $
		RELATED annual operating Costs $
		INCREASE REVENUE EXPECTED/YEAR $
	SOURCE OF FUNDS	CITY [Approximately] _____$_____%____ _____$_____%____ _____$_____%____ NON CITY [Approximately] _____$_____%____ _____$_____%____ _____$_____%____
	BENEFIT COST ❑ Front Foot Assessment ❑ Square Foot	Average $_____ $_____

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER